



Missouri Commission for the Deaf and Hard of Hearing
 1500 Southbridge Drive, Suite 201 Jefferson City, MO 65109
 (573) 526-5205 (573) 526-5209 Fax

MICS WRITTEN TEST OF ENGLISH PROFICIENCY (TEP) APPLICATION

APPLICANT INFORMATION

Name:		Previous Name:
SSN:	Date of Birth:	
Phone:	Alt. Phone:	
Current address:		
City:	State:	ZIP:
Email:		

QUALIFYING QUESTIONS

Are you currently MICS certified?

☐ If yes, then you are exempt from the educational requirements. (5 CSR 100-200.050)

☐ If no, then you must submit proof of completion of 30 hours of credit from a college or university with your application.

Have you taken the TEP before? If yes,

When? _____ Where? _____

AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:
 I have personally completed the forgoing application truthfully, completely and without omission;
 The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;
 I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;
 I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and
 I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT		DATE
	STATE	COUNTY (Or City of St. Louis)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	_____ DAY OF _____ 20		
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
NOTARY PUBLIC NAME (Typed or Printed)			

FOR OFFICE USE ONLY

Date Received	Date Written Completed	Score	Fee Paid	M.O./Cashier Check Number	Received by
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